

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09719672	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1				
5		12				
6	1					
7	1					
8	1					
9	1					
10		12				
11	1					
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TOTAL IND.	9		↓		↓	
TOTAL DEP.	5	↔	↔	↔	↔	↔
TOTAL CLAIMS	14	████████	████████	████████	████████	████████

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			↓		↓			
TOTAL DEP.		↔	↔	↔	↔	↔		
TOTAL CLAIMS		████████	████████	████████	████████	████████		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS